## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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PROSKAUER ROSE LLP Miles & Stockbridge PC PATENT DEPARTMENT 1751 Pinnacle Drive 1585 BROADWAY NEW YORK, NY 10036-8299 Site 500									
McLean, VA 22102					(Depositor's name)				
	7 22/02 [	(Signature)							
			Į					(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		OR	AT		RNEY DOCKET NO.	CONFIRMATION NO.	
10/808,207 03/23/2004 Jeffrey H. Burbank 53951-125 TITLE OF INVENTION: BLOOD PROCESSING MACHINE FLUID CIRCUIT CARTRIDGE							3939		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300		\$0		\$1020	01/03/2008	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					ŕ	
BIANCO, PATRICIA		3772	604-004010						
1. Change of corresponder CFR 1.363).  Change of corresponder Address form PTO/SB "Fee Address" india PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN  4. ASSIGNEE	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government									
,			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50165 (enclose an extra copy of this form).						
, , , ,	SMALL ENTITY statu	s. Scc 37 CFR 1.27.	☐ b. Applicant is no l	longe	er claiming SMAL	L ENT	ITY status. See 37 CI	FR 1.27(g)(2).	
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